



# KING COUNTY SUPERIOR COURT INTERPRETER SERVICES INVOICE



NAME		LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER ____ _		LANGUAGE
STREET ADDRESS		TELEPHONE NUMBER		<b>CERTIFIED</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE	ZIP CODE		IS THIS A NEW ADDRESS? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>CASE TYPE</b> (Only One Per Invoice) CRIMINAL <input type="checkbox"/> CIVIL <input type="checkbox"/>	<b>SERVICE LOCATION</b> (Only One Per Invoice) SEATTLE <input type="checkbox"/> KENT <input type="checkbox"/>	<b>JUVENILE HEARINGS ONLY:</b> IN COURT <input type="checkbox"/> OUT OF COURT <input type="checkbox"/> OFFENDER <input type="checkbox"/> TRUANCY <input type="checkbox"/> DEPENDENCY <input type="checkbox"/> ARY <input type="checkbox"/> CHINS <input type="checkbox"/>		
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DATE	CASE NUMBER	CASE NAME	NAME OF JUDGE / ATTORNEY / COURT PERSONNEL (No Initials), LOCATION / ROOM NUMBER	APPROVAL	START TIME	FINISH TIME	DO NOT WRITE IN SHADED AREAS

COMMENTS:	TOTAL HOURS:
	TOTAL PAYMENT:

## INTERPRETER CERTIFICATION

I hereby certify, under penalty of perjury, that this is a true and correct claim for interpreter services provided by me on behalf of King County and that no payment for these services has been received by me to date.

SIGNATURE: \_\_\_\_\_

InvoiceTracking Code
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DATE: \_\_\_\_\_

INVOICES NOT SUBMITTED WITHIN 30 DAYS WILL BE SUBJECT TO A 10% REDUCTION.  
INVOICES MORE THAN 6 MONTHS LATE WILL NOT BE PAID.

### PLEASE MAIL ON A WEEKLY BASIS TO:

KING COUNTY SUPERIOR COURT  
ATTN: Bjorn Kindahl  
516 THIRD AVENUE - ROOM C-203  
SEATTLE, WA 98104

PLEASE MAKE A COPY  
FOR YOUR OWN RECORDS  
BEFORE YOU MAIL THIS FORM.

FOR BUDGET DEPARTMENT USE ONLY

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